

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY C. 261, §§27A-27G	Commonwealth of Massachusetts Juvenile Court Department	DIVISION
Case Name: _____	Docket No(s) _____	

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION

OR STATE PAYMENT OF FEES & COSTS

(Note: If you checked (c) on the Affidavit of Indigency, you must complete this form.)

Name of Applicant: _____

Address: _____

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:

1. PERSONAL INFORMATION

- (a) Date of Birth _____
- (b) Highest Grade Attained in School _____
- (c) Special Training _____
- (d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses _____

- (e) Number of dependents _____

2. INCOME AFTER TAXES (monthly)

- (a) If from employment, list your occupation and your employer's name and address:

- (b) Source of income, if not from employment _____

- (c) My gross annual income for the past twelve months was \$ _____
- (d) Gross Income (monthly) \$ _____
- (e) Taxes Deducted (monthly)

Federal Tax	\$ _____
State Tax	\$ _____
Social Security	\$ _____
Medicare	\$ _____
Other Taxes (specify)	\$ _____
Total Taxes Deducted \$ _____	
- (f) Total Income After Taxes [subtract 2(e) from 2(d)] \$ _____
- (g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes: _____

3. NET INCOME (monthly)

- (a) Income After Taxes (from line 2(f)): \$ _____
- (b) Expenses (monthly)
- | | | | |
|------------------|----------|------------------------------|----------|
| Rent or Mortgage | \$ _____ | Uninsured Medical Expenses | \$ _____ |
| Food | \$ _____ | Child Care | \$ _____ |
| Electricity | \$ _____ | Education Expenses for Child | \$ _____ |
| Gas | \$ _____ | Child Support | \$ _____ |
| Oil | \$ _____ | Clothing | \$ _____ |
| Water | \$ _____ | Laundry/Cleaning | \$ _____ |
| Telephone | \$ _____ | Car Insurance | \$ _____ |
| Health Insurance | \$ _____ | Transportation Expenses | \$ _____ |
| Other (specify) | \$ _____ | | |
- _____
- Total Expenses \$ _____
- (c) Income After taxes Minus Expenses (monthly) (subtract 3(b) from 3(a)) \$ _____

4. ASSETS

- (a) Own home? _____ Market Value \$ _____
Balance owed \$ _____
- (b) Own Car? _____ Year and Make _____
Market Value \$ _____ Balance Owed \$ _____
- (c) Bank Accounts (specify type and balance) _____

- (d) Other property including real estate (specify type and value) _____

5. DEBTS

- (a) Specify: _____

6. MISCELLANEOUS

- (a) Other facts which may be relevant to your ability to pay fees and costs?

Date Signed

Signed under the penalties of perjury

x _____

By order of the Supreme Judicial Court, all information in this affidavit is confidential. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized by the applicant.

(This form prescribed by the Chief Justice of the Supreme Judicial Court pursuant to G.L. c. 261, §27B. Promulgated March 2003)